ÇOCUKLARDA COVID-19 TANISI

11. BÖLÜM

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GİRİŞ

Ağır solunum yolu sendromu coronavirüsü- 2 (Severe Acute Respiratory Syndrome Coronavirus- 2; SARS-CoV-2) olarak adlandırılan yeni (new; novel) coronavirus, 2019 yılı sonundan itibaren Çin'den başlayarak tüm dünyaya yayılan bir pandemiye sebep olmuştur [1-3]. Bu virüsün yol açtığı coronavirüs hastalığı- 2019 (Coronavirus Disease 2019; COVID-19) adıyla anılan enfeksiyon milyonlarca olguya ve yüz binlerce ölüme neden olmuştur. SARS- CoV- 2 oldukça enfeksiyözdür ve ana bulaşma yolu aerosollerdir. COVID-19'lu ya da şüpheli biriyle yakın temas öyküsü en önemli noktalardan biridir [4,5]. COVID-19 daha çok yetişkinleri ve yaşlıları tutmaktadır. Hastalığa yakalanan çocuk oranı %1 civarındadır. COVID-19 tanısı alan 10 yaş altı çocuk oranının tüm COVID-19 hastalarının yaklaşık %1'ini oluşturduğu belirtilmiştir. Bu nedenle çocuklarda COVID-19'un yol açtığı klinik tablo ve bulgulara ait veri nispeten yetersiz düzeydedir [4-6].

COVID-19 çocuklarda yetişkinlere ve özellikle yaşlılara göre çok daha hafif seyreder, daha hızlı iyileşme görülür ve çok daha düşük oranlarda morbidite ve mortaliteye yol açar. Çocuklarda COVID-19 daha kısa süreli virüs yayma ve bulaştırma süresine sahiptir [7-9].

Çok çeşitli semptom kombinasyonlarının bulunma olasılığı nedeniyle COVID-19'un özellikle çocuk hastalarda klinik olarak tanınması kolay olmamaktadır. COVID-19 temas öyküsü olan ya da COVD-19 şüpheli çocuk olguların bu enfeksiyon açısından dikkatli sorgulanması ve izlemi gerekmektedir [6-9].

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AYIRICI TANI

COVID-19'un ayırıcı tanısında alt ve üst solunum yoluna neden olan (i) adenovirus, influenza, rhinovirus, parainfluenza, respiratuvar sinsisyal virus (RSV), insan pnömometapnovirus, diğer koronavirüsler gibi tüm viral etkenler, (ii) klamidya ve mikoplazma gibi atipik patojenler ve (iii) bakteriyel etkenler yer almaktadır [21,26].

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